



Overview

- The Thrive Trauma Informed System of Care (SOC) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA):
 - Supported development of a coordinated network of local services and supports for children and youth with serious mental health challenges and their families in three Western Maine counties;
 - Educated professionals on trauma informed service delivery and practices; and
 - Facilitated the use of evidence supported trauma-specific treatment approaches.

Population Studied

- Gender: 69% Male and 31% Female.
- Ages ranged from 3 to 18 years with average age of 10.26.

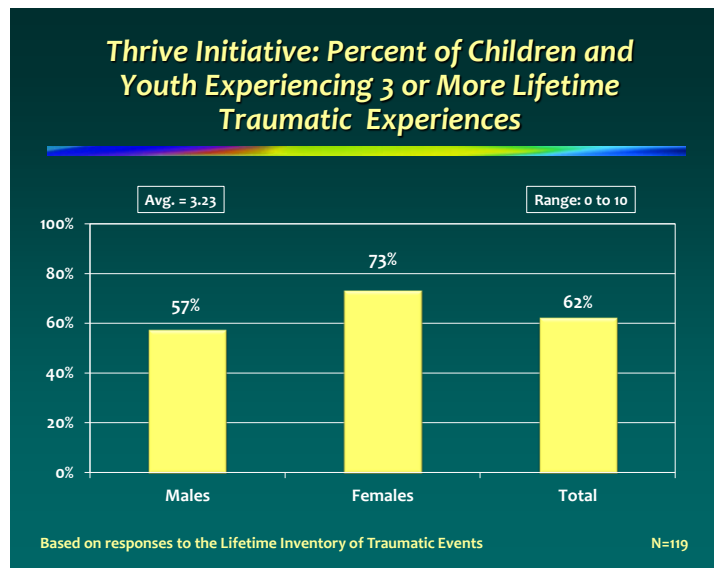
Data Collection Methods

- Data obtained from the Thrive evaluation and based on 119 children and youth enrolled in the SOC between 2005 and 2011.
- PTSD identified through DSM-IV diagnoses.
- Standard trauma screening tools used in this study included:
 - [Lifetime Inventory of Traumatic Events \(LITE-Child\)](#);
 - [Trauma Events Screening Inventory \(TESI-Caregiver\)](#); and
 - [Trauma Symptom Checklist for Children \(TSC-C\)](#).

Trauma Exposure and Post Traumatic Stress Among Thrive System of Care Participants in Maine

This month's snapshot is the first of a two-part series that highlights the results of three studies focused on the prevalence of PTSD and trauma among child and youth recipients of behavioral health services in Maine. Based on data from the Thrive Trauma Informed System of Care, 16% of all children and youth (13% males, 22% females) enrolled in the SOC were diagnosed with PTSD – three times higher than the national prevalence estimates of 5% among adolescents (2% males, 8% females)¹.

Research has shown that trauma is common among child and youth recipients of behavioral health services, but remains under-reported by professionals. Untreated trauma has been shown to lead to greater use of costly and ineffective services and contribute to poor mental health and physical health outcomes. This study examined the level of exposure to traumatic events experienced by children and youth and their caregivers, and the extent to which they experienced post traumatic stress symptoms as a result of this exposure.



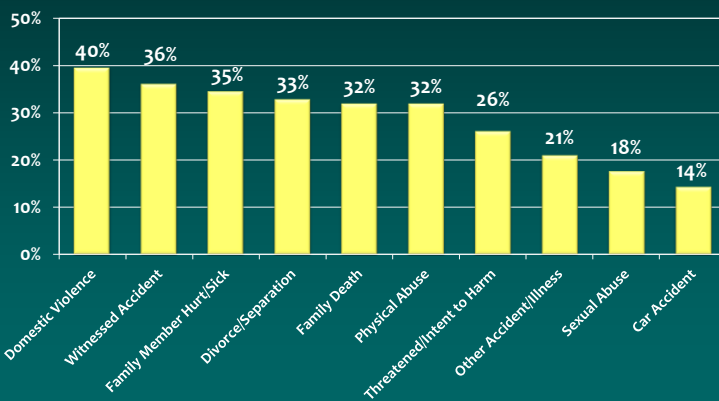
Children and youth enrolled in Thrive experienced a heavy lifetime burden of exposure to traumatic child events with. . .

- Two-thirds (62%) experiencing 3 or more traumatic experiences.
- Females (73%) more likely than males (57%) to experience 3 or more traumatic experiences.
- Average of 3.23 lifetime traumatic experiences.

¹ Merikangas, K.R., et. al. (2010). Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of American Academy of Child & Adolescent Psychiatry*; 49(10): 980-989.

Maine's Thrive System of Care Evaluation Findings on Lifetime Trauma Exposure

Thrive Initiative: Top 10 Lifetime Traumatic Events Experienced By Children and Youth



Based on responses to the Lifetime Inventory of Traumatic Events

N=119

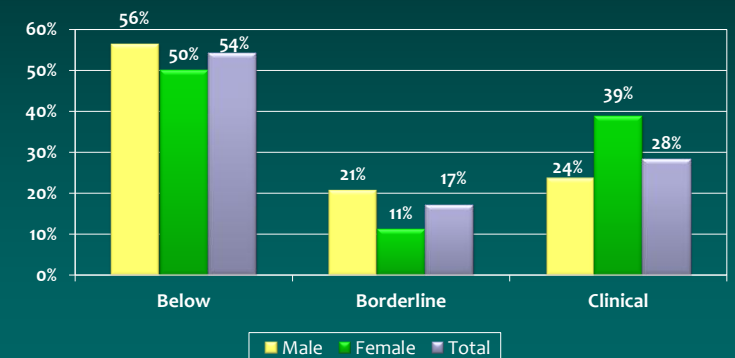
Among child and youth participants in the Thrive System of Care...

- **2** in every **5** children (40%) reported experiencing domestic violence.
- **1** in **3** (32%) children reported having been physically abused.
- **1** in **4** (26%) children reported having been threatened with the intent to harm.
- Nearly **1** in **5** (18%) children reported having been sexually abused.

Among child and youth participants in the Thrive System of Care...

- More than one-quarter (28%) of all children and youth experienced clinically relevant post traumatic stress symptoms as measured by the Trauma Symptom Checklist.
 - Females (39%) were more likely to experience these symptoms than males (24%).
- The percent of children and youth (28%) who experienced clinically relevant post traumatic stress was nearly 2 times higher than the diagnosed rate of PTSD in this group (16%).

Thrive Initiative: Children and Youth Experiencing Clinically Relevant PTSD



Based on scores on the Trauma Symptom Checklist

N=116

Questions to Consider...

1. What strategies might be used to increase awareness and knowledge of trauma informed approaches to service delivery at all levels of the behavioral health system?
2. What are the next steps in selecting standardized tools and implementing trauma screening for all children and youth in the behavioral health service delivery system?
3. How can we increase the availability and use of evidence-supported trauma-specific treatments for children and youth?

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Paul R. LePage, Governor

Department of Health
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